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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090  APPLICATION NO. FILING DATE FIRST NAMED INVEN					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  (Depositor's name)  (Signature)  (Date)		
10/679,569	10/06/2003					OSTEONICS 3.0-456	
10/679,569 10/06/2003 Carlos E. Collazo OSTEONICS 3.0-456 3144  TITLE OF INVENTION: REAMER BUSHING						3111	
APPLN. TYPE	SMALL ENTITY	ISSUE	FEE	PUBLICA	TION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510	0.00	\$30	00.00	\$1,810.00	12/09/2010
EXAM	INER	ART U	INIT	CLASS-S	UBCLASS		
Carter, Tara	a Rose E.	373	3	606-0	080000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.  Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Lerner, David, Littenberg, Krumholz & Mentlik, LLP				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRIN	TED ON TH	IE PATENT	(print or type)		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Howmedica Osteonics Corp.  Mahwah, New Jersey  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual X Corporation or other private group entity Government							
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Application No. (if known): 10/679,569	Attorney Docket No.: OSTEONICS 3.0-456
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